

Authorized Agent Resolution Instructions

- 1. Employer Name-** Enter the complete name of the employer (Do not use initials).
- 2. Account Number-** Enter the account number of the employer. (For Municipalities, this would be the 3 or 4 digit number assigned to you by the PERF office. If you are a State University, this would be an 8000 number).
- 3. Names-** Name of the individual(s) designated to accept pension liability.
- 4. Title-** Enter the title of the individual(s) designated to accept pension liability.
- 5-6. Political Subdivision-** Enter the complete name of Political Subdivision (employer (entity) name).
- 7. Date of Adoption-** Enter day, month and year Resolution was adopted by the Governing Body.
- 8. Title of Governing Body-** Title of the Town, City or County Council, Library, Township, or School board or any fiscal body that governs the affairs of the political subdivision.

9. Signatures of the Governing Body

We require original signatures of your Governing Body. Copies and faxes are not acceptable.

Two-thirds of the Governing Body's signatures are required.

The Agent authorized must be named and not designated by job title, unless such position is an elected position, such as Clerk-Treasurer. However, for our records please also include the name of the elected official. Once a Resolution for the elected position has been filed with the PERF office, it is not necessary to complete a new one when a change in the elected official occurs. Notification in writing from the newly elected official is all that is required to update PERF's records.

This Resolution supersedes any other Resolution you have on file. Therefore, please include all agents past and current who will be authorized to accept pension liability.



**RESOLUTION AUTHORIZING AN AGENT
TO ACCEPT PENSION LIABILITY ON
BEHALF OF _____**

(EMPLOYER)

PUBLIC EMPLOYEES' RETIREMENT FUND
143 West Market Street
Indianapolis, IN 46204-2809
(317) 233-4162

Account Number

RESOLVED, that _____,
of _____

(Names)

(Title)

_____ be, and hereby is, fully authorized and empowered to act on behalf of

(Political Subdivision)

and in the name of _____ as its agent to accept pension liability, pursuant to

(Political Subdivision)

IC 5-10.2-3-1 and further to execute and deliver documents related to the Public Employees' Retirement Fund (PERF) of

Indiana. This resolution will remain in full force and effect until modified or rescinded by subsequent resolution and receipt

thereof in writing by the Director of PERF.

Adopted this _____ day of _____, _____.

Signatures of Governing Body (Board Members)

Title of Governing Body: _____

_____	_____
_____	_____
_____	_____
_____	_____

NOTE

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